



State of Utah

Department of Natural Resources

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Division of State Parks & Recreation

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Dear Parent:

Thank you for considering Camp Floyd State Park's Ladies of Camp Floyd Day Camp for your child. Our Camp theme is "Exploring life of the Ladies of Johnston's Army". The day camp will be conducted from 10:00 a.m. to 4:00 p.m.

The camp will give your child a fun-filled learning experience with many hands-on activities. We look forward to confirming your reservation for this entertaining, educational experience. You can reserve space by paying the \$15 registration fee via phone, mail or in person.

Enclosed are registration materials for the 2009 Ladies of Camp Floyd Day Camp. The application, permission sheet, medical history and photo release forms must be completed and returned to us at least one week prior to the camp. Enrollment cannot be confirmed until we receive these forms with the \$15 registration fee. You will receive an email confirmation upon the receipt of application materials. Each camp is limited to 24 participants.

We will provide carpooling contacts with other camp participants. Please indicate on the registration form if you would like to participate in carpooling. Campers will also need to bring a lunch.

The camp is designed to complete the requirements for the Junior Girl Scouts Folk Arts badge. This program is also appropriate for an LDS girls Activity Day event. However, any child between the ages of 8 and 11 is invited to participate.

We have a few spots reserved for Girl Scout leaders or parents that wish to attend with their troop or child. The registration for the camp is the same price and the leaders/parent will participate fully in all activities.

This unique living history experience is sure to enhance your child's love and appreciation of history. If you have any question, please call us at 801-768-8932. We hope your child will join us for our history camps in 2009.

Best Regards,

James Seikel
Outreach Program Specialist

CAMP FLOYD STATE PARK

2009 Ladies of Camp Floyd Day Camp

Exploring life with the Ladies of Johnston's Army (ages 8-11)

The day camp is a fun-filled educational experience about how women lived during the Utah and Civil Wars – at home and in the camp – and how the Wars changed people's lives. The program instills team spirit and an appreciation of why teamwork and camaraderie are important to achieving success. Campers will receive a picture to remember their experience and the rag doll created during the camp.

Examples of Camp Activities

Experience the Life of a Typical American Women in 1857 – Meet costumed interpreters and learn about early education in a one-room schoolhouse. Work on a chalk slate, read from a McGuffey Reader, play games such as hoops, graces, cup & ball, and more.

Wear Period Clothing – Each participant will be given a period dress to be worn for the entire day camp.

Tea Party – Host a tea party. All participants will be instructed on proper manners and etiquette in conducting a popular afternoon meeting for women of the period, having an afternoon tea. Appropriate beverage and snack will be served.

Learn the Virginia Reel – A popular 19th century dance.

Craft Activities – Make and take home a self-portrait and rag doll.

Experience the History of Camp Floyd – Enjoy the fascinating exhibits and displays on the life of a soldier at the Camp Floyd Museum. Tour the Stagecoach Inn constructed next to the camp for passengers traveling by stagecoach.

LADIES OF CAMP FLOYD DAY CAMP APPLICATION

Camp Floyd State Park will be offering day camps, Exploring Life with the Ladies of Johnston's Army, during 2009. The camp is designed for children between eight (8) years of age through eleven (11) years of age, and will run from 10:00 a.m. to 4:00 p.m. The cost is \$15 for the one-day camp. Payment can be made by check (made out to Camp Floyd State Park) or credit card. (Visa, MasterCard, American Express.) The payment covers registration, materials, equipment, snacks, etc.

Name of Applicant: _____

Check One: Boy _____ Girl _____ Adult _____

Name of Parent / Guardian: _____

Address of Parent /Guardian: _____

Email Address: _____

Daytime Phone Number of Parent / Guardian: _____

Signature of Parent / Guardian: _____

Are you interested in car pooling with other camper's in your area? Yes _____ No _____

Date of Ladies Camps: Feb. 21, 2009

CC# _____ Name on card: _____

Expiration Date: ____/____ Signature _____

MEDICAL HISTORY

Please print or type

Child's Name _____

Allergies: _____

Briefly describe allergy symptoms: _____

Medical Conditions and/or Restrictions: _____

Will your child need to take medication while he/she is in the park? Yes _____ No _____

If so, what? _____

Medical or dietary regimen to be followed (please attach specific information if necessary):

I hereby authorize and request Camp Floyd State Park to secure necessary emergency care and treatment for my child should the need arise.

Our family physician is: _____

Doctor's name or name of practice & telephone number

My child is physically able to participate in all program activities. If he/she appears to be ill, I will not send him/her to the program. I have listed any restrictions, allergies, or medications to be taken on this form.

Person to be notified IF parent / guardian cannot be reached:

Name: _____ Relationship: _____

Phone: (____) _____

Signature of Parent / Guardian: _____ Date: _____

PHOTO RELEASE

I hereby consent to the use and reproduction by Camp Floyd State Park of my child's photographic image for future publications while attending the 2009 Ladies of Camp Floyd Day Camp.

I agree not to hold the publication or its agents responsible, under any circumstance, for any action, which occurs as a result of this advertisement. I understand that my child's photographic images will become the exclusive property of Camp Floyd State Park and will be used only for promotional purposes.

I agree that I will not be compensated for the use of my child's photographic image.

Check ONE of the following AND fill out the information below:

I AGREE to the terms above: _____

I DO NOT AGREE to the terms above: _____

Date: _____

Child's Name: _____

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PERMISSION AND INFORMED CONSENT AGREEMENT FOR THE “EXPLORING LIFE WITH THE LADIES OF JOHNSTON’S ARMY” PROGRAM AT CAMP FLOYD STATE PARK

The undersigned, the parent or guardian of _____, grant permission for my child or ward to participate in “Exploring Life with the Ladies of Johnston’s Army” at Camp Floyd State Park during 2009. I further acknowledge that I have read the attached informed consent form and understand the nature of the program and any risks associated with this program. I agree to pay the tuition for this program upon my child’s registration for the program.

I acknowledge that I have been informed that my child or ward will be given an opportunity to experience life as it was in America and in the Utah Territory in 1857. He or she will have the opportunity to learn what it was like to go to school in a one room school house, to meet and talk with costumed interpreters about life in 1857 and to play games and participate in activities typical of the time period. I further understand that he or she will have an opportunity to experience what life was like for a woman in 1857. For example he or she will help clean laundry using a washboard, make her own rag doll, and learn to fire a period musket. He or she will also have the opportunity to participate in arts and crafts projects as part of this program.

I acknowledge that I am fully responsible for the transportation of my child to and from Camp Floyd and that the State of Utah and its subdivisions assume no responsibility for my child or ward’s transportation.

I understand that there are specific policies, procedures and rules that govern my child or ward’s activities while at Camp Floyd and while participating in the program. I recognize that violation of these rules may result in my child or ward being excluded from participation in program and loss of his or her tuition. I acknowledge that I have discussed the various rules with him or her and that he or she is willing to abide by the rules.

I recognize that as part of these activities my child or ward will be exposed to the wind, dust, insects and possibly their bites or stings, water, dust, pollen and other environmental conditions. I further recognize that there are natural and manmade hazards, obstacles, environmental conditions and other risks which in combination with the actions of my child or ward or other children may cause injury to him / her. I acknowledge that I am aware of these and other unstated risks associated with this program.

I recognize that the activities of this camp may involve physical activities and may cause my child or ward physical / emotional discomfort. I state that to the best of my knowledge my child or ward is free from any known heart, lung or other serious health problems that could prevent him or her from participating in the activities associated with these programs. I further state that he or she is sufficiently physically fit to participate in the activities associated with the program. I have completed the attached medical form.

CONSENT

Consent is expressly given, in the event of injury, for any first aid or emergency treatment deemed necessary by competent medical personnel.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE AFORE GOING LANGUAGE AND I SPECIALLY INTEND IT TO COVER THE PARTICIPATION OF MY CHILD / WARD IN THE “EXPLORING LIFE WITH THE LADIES OF JOHNSTON’S ARMY” PROGRAM AT CAMP FLOYD STATE PARK DURING 2009.

Child’s Name: _____

Parent’s or Legal Guardian’s Signature: _____

Date: _____

Opportunity to Fire a Musket

As part of this program participants will be given the opportunity to fire a blank round from a musket of the time period covered in this program. Participants will be provided with eye and ear protection and will be under the supervision of a knowledgeable individual the whole time they are participating in this activity. If you as the parent or guardian of the above named child want your child or ward to participate in this portion of the program please sign the authorization below.

I, the parent or guardian, of _____ authorize my child or ward to fire a blank round from a period musket as part of this program.

Signature of Parent or Guardian

Date